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CONFIRMATION NO. 5365

SERIAL NUMBER 10/720,811	FILING DATE 11/24/2003  RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. XEPMED-126
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/195,814 07/15/2002  
 which is a CIP of 09/496,613 02/02/2000 PAT 6,423,023  
 This application 10/720,811  
 claims benefit of 60/429,126 11/26/2002  
 and claims benefit of 60/494,895 08/13/2003

JA

14 June 05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 03/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
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## TITLE

Extracorporeal pathogen reduction system

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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